POSITI N	INITIALS	ID NO.	DATE
FEE DETERMINATION	*W*	69861	2/16
.I.P.E. CLASSIFIER		8	02-29-00
FORMALITY REVIEW		71622	4-19-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim	Date							Claim	Date							Claim	Date						
Final	Original							Final	Original							Final	Original						
	1								51								101						
	2								52								102						
	3								53								103						
	4								54								104						
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	47								97								147						
	48								98								148						
	49								99								149						
	50								100								150						

If more than 150 claims or 10 actions
staple additional sheet here

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